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CONFIRMATION NO. 2168

Bib Data Sheet

SERIAL NUMBER 10/605,169	FILING DATE 09/12/2003  RULE	CLASS 716	GROUP ART UNIT 2825	ATTORNEY DOCKET NO. FIS920030257US1
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *NONE, NMD*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE, NMD*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/04/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	NY	4	20	3
Verified and Acknowledged	<i>[Handwritten Signature]</i> <i>NMD</i> Examiner's Signature Initials			✓	✓

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## TITLE

USING A PARTIAL METAL LEVEL MASK FOR EARLY TEST RESULTS

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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